



Shirley Recreation Commission  
**Little Kickers Soccer Registration**  
**Spring 2005**

Must be 4 years old as of August 1, 2004  
**Registration deadline: March 1, 2005**

Name: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age of August 1, 2004 \_\_\_\_\_

Home phone: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

**Medical Insurance**

Name/Policy#: \_\_\_\_\_

Allergies/physical limitations: Please explain: \_\_\_\_\_

**Registration fee: \$20.00**

*Make checks payable to:*

**Town of Shirley Recreation Commission**

**Mail to: Shirley Recreation Commission  
P.O. Box 323,  
Shirley, MA 01464**

The information provided is correct to the best of my knowledge. In case of emergency, I give permission to secure medical treatment at the most readily available hospital emergency room. I accept full financial responsibility for the medical care of the registrant. I release discharge, and/or otherwise indemnify the Town of Shirley, the Recreation Commission, their affiliated organization and sponsors, their employees, volunteers and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation this program.

**Parent/Guardian (please print):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you would like to coach/assistant coach a team please check below:**

\_\_\_\_\_coach

\_\_\_\_\_asst coach

*Shirley Youth soccer is run for the benefit of our children in the hopes that they will appreciate soccer; acquire good sportsmanship and have fun.*